

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/675,376
		Filing Date	September 29, 2003
		First Named Inventor	Peter DICKEY
		Art Unit	3652
		Examiner Name	M. Lowe
Total Number of Pages in This Submission	13	Attorney Docket Number	249212023500

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (original + copy for fee processing (2 pages))	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (9 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No.: 25226)	
Signature		
Printed name	Christopher B. Eide	
Date	June 25, 2007	Reg. No. 48,375

Client Ref. No.: Q03-1049-US1

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV534444948US, on the date shown below in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: June 25, 2007

Signature: 

(Lori Sims)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
Fee Transmittal For FY 2007		Application Number	10/675,376
		Filing Date	September 29, 2003
		First Named Inventor	Peter DICKEY
		Examiner Name	M. Lowe
		Art Unit	3652
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 120.00)	
		Attorney Docket No. 249212023500	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number: <u>03-1952</u>		Deposit Account Name: <u>Morrison & Foerster LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES						Small Entity	Fee (\$)
Fee Description						Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
15	- 21 = 0	$\times 50.00$	= 0.00	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.						360.00	0.00
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
2	- 4 = 0	$\times 200.00$	= 0.00				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
		/50 = (round up to a whole number) x		250.00	= 0.00		
4. OTHER FEE(S)						Fees Paid (\$)	
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>						120.00	

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	48,375	Telephone
Name (Print/Type)	Christopher B. Eide		Date	June 25, 2007	

Client Ref. No.: Q03-1049-US1